



CHANGE OF NAME FORM

First _____ Middle _____ Last _____

Reason: Marriage Divorce Spelling

I am the _____ in Policy _____ in your Company
(Insured, Owner, Beneficiary, etc.)

I hereby notify you that my correct name is: Last _____ First _____

I have attached a copy of my _____ as confirmation of the same.
(Passport, Birth Certificate, Affidavit, etc.)

Dated at _____ this _____ day of _____ 20_____

New Signature

Old Signature

Witness

Date

FOR OFFICE USE ONLY

Submitted By: _____
Sales Representative

Date

Approved By: _____
Manager/Supervisor

Date

Processed By: _____
Client Service Associate

Date

Confirmed By: _____
Client Service Supervisor/Manager

Date

Witness

Signature of Insured/Owner